

home oral care plan

Name

Name of Support Professional

Name of Dentist

Name of Medical Practitioner

The **Home Oral Care Plan** describes the specific routine required for this individual. It includes information to support and maintain optimal daily oral care.

Daily Oral Care Routine

Brush teeth twice a day for minutes

Daily mouth wash Tooth Mousse Interdental brush

Other: Other:

Reminder to avoid:

Assistance and support for daily oral care routine

What part of the oral care plan can the person do themselves?

What do Support Professionals need to assist with?

List the skills required by Support Professionals to support the patient's daily oral care routine:

Assistance and support for daily oral care routine (continued)

What time is most effective?

Strategies for approaching specific issues, including behaviour, understanding, desensitisation and important preferences:

Which Support Professionals currently have the skills to provide daily oral care support?

Support professionals: Inform the dentist if the following occur

Category	Warning Signs	Tick
Daily oral care regime	Regularly refuses / not completed	<input type="checkbox"/>
Lips	Dry / Chapped	<input type="checkbox"/>
Gums	Red / Swollen / Bleeding	<input type="checkbox"/>
Saliva	Dry Mouth	<input type="checkbox"/>
Jaws	Clicking / Problems eating / Sore teeth	<input type="checkbox"/>
Dentures	Missing teeth / Broken / Loose	<input type="checkbox"/>
Oral appearance	Visible food particles / Tartar / Thick plaque / Yellowness	<input type="checkbox"/>

Where and how will information about the person's oral health be recorded?

Designate frequency and tool here:

Updating this Plan

This Oral Care Plan should be observed on a daily basis to ensure the routine is followed.

The Plan should be taken to the Dentist and Medical Practitioner for review and update during assessment.

To download a copy of this form, visit www.inclusiondesignlab.org.au/dental